

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
11
39
5697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15180

FILED MAY 8 1944
Registration District No. 200

State File No. _____
Registrar's No. 39

Primary Registration District No. 5725

1. PLACE OF DEATH:
(a) County MAcon
(b) City or town Rural Hudson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Still-Hildreth SAN
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 8 yrs 1 mo
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Russell Palmer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 13 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 7 17 _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Palmerman

11. Industry or business _____
12. Name Francis W Palmer
13. Birthplace Pittsburgh Pa
(City, town, or county) (State or foreign country)
14. Maiden name Francine Dickey
15. Birthplace Missouri Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Francis W Palmer Jr
(b) Address 104 Clayton Rd - Richmond Mo

17. (a) burial (b) Date thereof May 3 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bell Funeral Home

18. (a) Signature of funeral director Robert Skupinski
(b) Address macon mo

19. (a) 5/3/44 (b) Jora Bunker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon 61
(c) City or town Hudson
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1st
year 1944 hour 5 minute 40 AM

21. I hereby certify that I attended the deceased from Mar 24
24, 1936 to May 1, 1944
that I last saw him alive on April 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism + Thrombosis
Duration 30

Due to appendectomy performed April 29 at 2:30 PM
Due to _____

Other conditions (include pregnancy within 3 months of death) 12/11

Major findings: inflamed and distended appendix
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury 2

23. Signature F. M. Still (M.D. or other) 80
Address macon mo Date signed 5-1-44

OM 127.8

RECEIVED

District Health Officer No. 10

District File Number 5-49-826

Date Filed MAY 5 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Carl Sand Minor

Licensed Embalmer No.

3414

P. O. Address

Mason Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.